BEST AVAILABLE COPY

Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD

		Effecti	ive Octobe	er 1, 20	101							
CLAIMS AS FILED - PART (Column 1)				(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			16				RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			\ 6 minus 20=		*		X\$ 9)=		OR	X\$18=	
INDEPENDENT CLAIMS					*	*		:=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							+140)=		OR	+280=	
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2	TOT			OR	TOTAL		
		LAIMS AS A					. 3 11			i'	OTHER	
		(Column 1)		(Colu	mn 2)	(Column 3)	SMA	LL I		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9) =		OR	X\$18=	
	Independent	*	Minus	***		-	X42	:=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		+140)=		OR	+280=	
							TC	TAL			TOTAL ADDIT. FEE	
		(Column 1)		_ (Colu	ımn 2)	(Column 3)	ADDIT.	rEE,		.	AUUII. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	.ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$ 9	3 =		OR	X\$18=	
	independent	*	Minus	***	TOLANCE	=	X42	:=		OR	X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)=		OR	+280=	
							TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)	אטטוו.	. ==		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER TIOUSLY D FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
	Independent	*	Minus	***		=	X42	=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIM		l				+280=	
*	f the entry in colu	ımn 1 is less than t	he entry in colu	mn 2, wri	te "0" in co	lumn 3.	+140)= TAL		OR	+280= TOTAL	-
**	If the "Highest Nu If the "Highest Nu	mber Previously P Imber Previously P mber Previously Pa	aid For" IN THI Paid For" IN THI	S SPACE IS SPACE	is less that is less that	an 20, enter "20." an 3, enter "3."	ADDIT.	FEE	propriate ho	OR	ADDIT. FEE	<u> </u>

NOTICE OF FEE DUE

DATE: $07 - 0\%$	02	⊶.	44
TO: Sector	<u> </u>		
FROM: Office of Initial Patent Exami	nation		•
SUBJECT: Fee Due	/		
APPLICATION NUMBER:	17101	7	•
A fee is due for the attached document sub Office for the following reason. Please chauthorization to charge a deposit account. charge the appropriate fee. If an authorizathe fee deficiency.	eck the application If an authorization	on for the appropon is present, ple	oriate ase
☐ Insufficient fee by check			
Insufficient funds in deposit account		· · ·	o ,÷ .
☐ Declined credit card			
☐ Non authorization for charge to deposit	account		·
□ No fee submitted per requirement •		·	
The correct fee code:/05	amount	\$_/3	0
The suspended fee code: 197	amount	- \$	2.0
Fee Due	amount	=\$	<u> </u>
If you have any questions, please contact C Eleanor Kurtz at 703-308-3642.	ynthia Streater at	703-306-5430 (or
Terminal Operator		•	